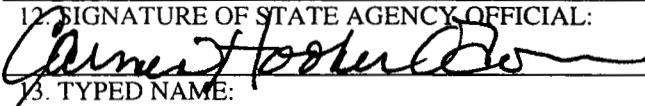
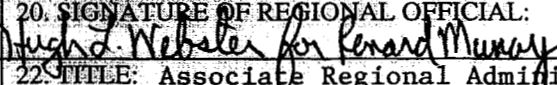


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER	2. STATE
FOR: HEALTH CARE FINANCING ADMINISTRATION		04-003	NC
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		4. PROPOSED EFFECTIVE DATE January 1, 2004	
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR Part 435, Subpart F		7. FEDERAL BUDGET IMPACT: a. FFY 04 \$0.00 b. FFY 05 \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 6 to Attachment 2.6-A		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 6 to Attachment 2.6-A	
10. SUBJECT OF AMENDMENT: State/County Special Assistance for Adults (SA) Program Income Levels			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Not Required			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Office of the Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, North Carolina 27699-2001	
13. TYPED NAME: Carmen Hooker Odom			
14. TITLE: Secretary			
15. DATE SUBMITTED: March 18, 2004			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 25, 2004		18. DATE APPROVED: April 16, 2004	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2004		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Renard L. Murray, D.M.		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			

State: North Carolina

Standards for Optional State Supplementary Payments

Payment Category Reasonable Classification	Administered by		Income Level				Income Disregards Employed
			<u>Gross</u>		<u>Net</u>		
	Federal	State	1 Person	Couple	1 Person	Couple	
Aged and Disabled Adult Care Home and Mental Health Facilities		X	\$1,692.00		\$1,112.00		For earned income, disregard the first \$65, subtract impairment related work expenses, and disregard one-half the remainder.
Blind Adult Care Homes		X	\$1,692.00		\$1,112.00		For earned income, disregard the first \$85. Plus one-half of the earned income in excess of \$85. From the remaining amount, deduct work expenses. \$20 is subtracted from total income.

TN No. 04-003

Supersedes

TN No. 02-27Approval Date 04/16/04Effective Date 01/01/2004